

## Women/Maternal Health

### State Action Plan Table (Palau) - Women/Maternal Health - Entry 1

#### Priority Need

1. Increase percentage of pregnant women accessing prenatal care in the first trimester

#### NPM

NPM 1 - Percent of women with a past year preventive medical visit

#### Objectives

Increase by 5% the number of pregnant women receiving prenatal care during first trimester by 2021

#### Strategies

Improve collaborations with private clinics and other public health programs, (Family Planning, CHC, NCD, Cancer Clinic, HIV/STI Behavioral Health) , to improve womens health – preconception and interconception, -reproductive health planning, -well woman preventive visits, - Cancer Screening.

Develop and implement community & outreach plan to increase awareness on the importance of and access to early prenatal care, especially at the community health centers in Babeldaob and Peleliu

Collaborate with healthcare providers to develop and implement standards of care for a well woman visit.

Work to improve data collection process to accurately track women's visit at other private clinics.

Strengthen case management and home visitation activities for at risk pregnant women.

#### NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

## Perinatal/Infant Health

### State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 1

#### Priority Need

#### 2. Prevent Infant Mortality

#### NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

#### Objectives

By 2021, decrease the rate of infant death by 10%.

#### Strategies

Support Breastfeeding initiative through education and counseling for young mothers on the importance of exclusive breastfeeding up to six months.

First embrace: (1) Promote family members participation during labor and delivery stages; (2) Social media campaigns; (3) Develop and implement health promotion plan with community breast feeding peer support group.

#### NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 2

Priority Need

2. Prevent Infant Mortality

NPM

NPM 5 - Percent of infants placed to sleep on their backs

Objectives

By 2021, decrease the rate of infant dead by 10%.

Strategies

Conduct training with day care providers and first responders.

Safe sleep campaign using social media.

Collaboration with EMSC/FAN to promote safe sleep practices.

Safe sleep education and counseling provided in MCH/FP.

Safe sleep education as part of the breastfeeding community group.

Provide safe sleep training to child care professionals and first responders.

Facilitate the development of State Infant Mortality Plan through the CoiIN initiative.

Revisit and refine reporting process for MOH and Court on infant death.

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 3

Priority Need

2. Prevent Infant Mortality

Objectives

Number of children ages 0-5 receiving developmental screening using ASQ.

Strategies

Program to work with the ECCS State team to create a comprehensive coordinated system for developmental screening, including referral process to early intervention.

Promote use of parent-completed developmental screening tools in nonmedical sites, such as Head Start and day care facilities.

## Child Health

### State Action Plan Table (Palau) - Child Health - Entry 1

#### Priority Need

4. Decrease the prevalence of childhood obesity

#### NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

#### Objectives

Reduce childhood obesity rate by 5% in the next 5 years.

#### Strategies

Collaborate with NCD program to further strengthen breastfeeding activities.

Provide trainings for staff on BMI measurement (CHOR Training)

Work with schools to implement after school physical activity program.

Promote "Lets Move" initiative in all schools.

Continue to work with the School Lunch Program in providing nutrition training.

Develop campaign plan targeting childhood obesity.

#### NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

State Action Plan Table (Palau) - Child Health - Entry 2

Priority Need

8. Reduce the burden of adolescents injury

NPM

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objectives

Reduce rate of adolescent suicide ideation by 15% in the year 2021

Strategies

Develop age appropriate depression screening, intervention and follow up guidelines and materials

Evaluate and document case management process for depression screening, intervention and follow up

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9 per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

Priority Need

5. Increase childhood Immunization rates

Objectives

Increase the number of children receiving age appropriate vaccine.

Strategies

Provide ongoing training for providers on CDC's Immunization guideline.

Partner with Headstart in raising awareness on the importance of immunization.

Work with Immunization Program and CHC to develop internal protocols to streamline efforts in outreach services.

Revisit data collection and reporting process.

Priority Need

8. Reduce the burden of adolescents injury

Objectives

Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.

Strategies

Work with partners to develop cross-sector comprehensive data collection process to accurately track and measure child maltreatment.

Assess current prevention efforts of maltreatment and develop a plan with key partners.

Improve case management support services.

## Adolescent Health

### State Action Plan Table (Palau) - Adolescent Health - Entry 1

#### Priority Need

3. Increase the percentage of children and adolescents who participate in the annual school health screening

#### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

#### Objectives

Increase the proportion of children who are screened annually through the annual school screening by 5% by 2021.

#### Strategies

Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening.

Develop pockets for parents on information on health screening and school health services.

Improve screening and referral process to early intervention and case management services.

Review screening guideline and facilitate training for all providers involved in the school screening.

Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services.

Work with school nurses to implement outreach schedule for health education in each schools.

#### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table (Palau) - Adolescent Health - Entry 2

Priority Need

4. Decrease the prevalence of childhood obesity

NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Objectives

Reduce childhood obesity rate by 5% in the next 5 years.

Strategies

Collaborate with NCD program to further strengthen breastfeeding activities.

Provide trainings for staff on BMI measurement (CHOR Training).

Work with schools to implement after school physical activity program.

Promote "Lets Move" initiative in all schools.

Continue to work with the School Lunch Program in providing nutrition training.

Develop campaign plan targeting childhood obesity that promotes healthy eating and active lifestyle in families, schools and communities

NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

## State Action Plan Table (Palau) - Adolescent Health - Entry 3

### Priority Need

5. Increase childhood Immunization rates

### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

### Objectives

Increase HPV and TDAP coverage rates for school age children by 20% by 2021

### Strategies

Immunization: via school screening, opportunity to update children that may have missed immunization updates.

Work with the school health program to strengthen immunization updates during school health screening.

Partner with CHC's to increase coverage in outlying states.

Promote awareness campaigns for parents (PTA) about the importance and positive impacts of HPV and TDAP vaccination through collaboration with the Immunization and Cancer program

Partner with Cancer program and Family Planning to promote HPV vaccine.

Work with immunization program to develop data collection procedure.

### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

## Children with Special Health Care Needs

### State Action Plan Table (Palau) - Children with Special Health Care Needs - Entry 1

#### Priority Need

6. Improve system of care for CSYN and families

#### NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

#### Objectives

Increase awareness of services by 5% by 2021.

Increase care coordination by 15% in the next SLAIT-LIKE survey.

#### Strategies

MCH program to develop and disseminate information to educate parents about the components of a medical home.

Work with Interagency Collaborative to develop training materials and information for healthcare providers on medical home.

Support and link children with disabilities and their families to primary healthcare services and available community support systems

Evaluate and document case management process for children with disabilities

#### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3\*:3:1:4)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

## Cross-Cutting/Life Course

### State Action Plan Table (Palau) - Cross-Cutting/Life Course - Entry 1

#### Priority Need

7. Decrease tobacco use among MCH populations

#### NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

#### Objectives

Work with Behavioral Health to reduce tobacco use among pregnant women and school age children by 5% in year 2020.

#### Strategies

Work with Behavioral Health to provide early access to tobacco counseling and cessation services for the MCH population at the health centers

Develop case management process for school health screening, intervention and follow up

#### NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health